

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
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**NOTE:** The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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### About the Home

**1. PROVIDERS STATEMENT (OPTIONAL)**

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

**The Meadows is owned and managed by Deanna Heatherly-Tomek, RN. The Meadows is an open and spacious home located on a beautiful landscaped acre. We provide delicious home cooked meals, 24 hour awake staff, Electronic Medical records and medication management, well trained & caring staff. Our goal is to provide compassionate & quality care to our residents.**

**2. INITIAL LICENSING DATE**

**05/13/2015**

**3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:**

**NA**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**NA**

**5. OWNERSHIP**

- ☐ Sole proprietor
- ☒ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other:

## Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

### 1. EATING

If needed, the home may provide assistance with eating as follows:

**All levels of assistance: Meal preparation, monitoring, cueing, hands-on guidance to full assistance; tube feeding and enteral pumps. Our home provides therapeutic, mechanically altered and diabetic diets.**

### 2. TOILETING

If needed, the home may provide assistance with toileting as follows:

**All levels of assistance for toileting: setting up, monitoring, encouragement, cueing, assistance with cleansing, pad/brief, clothing and/or standby assistance; up to dependent care for all toileting tasks. We provide complete incontinence management and catheter/ostomy care.**

### 3. WALKING

If needed, the home may provide assistance with walking as follows:

**All levels up to one-person assistance: including monitoring, standby assistance for safety hands-on guidance, cueing/encouragement, wheelchair. We are not able to accommodate motorized scooters.**

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

**All levels up to one person assistance: including standby for safety, encouragement and cueing, hands-on guidance, one person assist to full lifting by 1 person.**

### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

**All levels of up to one person assistance: including standby for monitoring, safety cueing and encouragement, repositioning at regular intervals.**

### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

**All levels up to one person assistance: including set up, monitoring, encouragement and cueing, hands-on assistance to guide through task completion and total assistance when dependent for all or part of the task. (oral care, dentures, glasses, and hearing aides)**

### 7. DRESSING

If needed, the home may provide assistance with dressing as follows:

**All levels up to one person assistance: including monitoring, cueing and encouragement, partial and total assistance.**

### 8. BATHING

If needed, the home may provide assistance with bathing as follows:

**All levels up to one person assistance: including set up of supplies, encouragement, cueing and monitoring, help getting in/out of shower, partial assist to total assist including complete bathing and bed baths.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

## Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

**All caregivers are able to provide medication assistance and medication and/or tasks that require Nurse Delegation. All caregivers have completed Nurse Delegation Training and Nurse Delegation with Special Focus on Diabetes Training.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

### Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

**If the Resident's medical care provider identifies a need for nursing care and the Home is not able to provide the care, the Home will assist the Resident in contracting with a nurse or home health agency currently licensed in the state of Washington to provide in-home nursing care (i.e. Home Health) at the adult family home.**

The home has the ability to provide the following skilled nursing services by delegation:

**The home has the ability to provide the following skilled nursing services by delegation: medication administration including ear drops, eye drops, nasal drops or sprays, oral inhalation therapy, rectal suppositories, vaginal suppositories, non sterile dressing changes, glucometer testing, gastrostomy feedings, ostomy care, straight clean urinary catheterization, and insulin injections.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

### Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☐ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

### Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☐ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☒ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

<input checked="" type="checkbox"/> Registered nurse, days and times: <u><b>RN in home 3-5 days a week; on-call 24/7</b></u>
<input type="checkbox"/> Licensed practical nurse, days and times: _____
<input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u><b>1-2 staff in home 24/7</b></u>
<input checked="" type="checkbox"/> Awake staff at night
<input type="checkbox"/> Other: _____
ADDITIONAL COMMENTS REGARDING STAFFING
<b>Cultural or Language Access</b>
The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)
The home is particularly focused on residents with the following background and/or languages: <b>We respect all cultural, ethnic, and religious backgrounds. This is an English speaking home.</b>
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS <b>English speaking only</b>
<b>Medicaid</b>
The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.
<input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: <b>The Meadows does not accept new residents whose obligations are paid for by Medicaid. However, The Meadows, does have one available Medicaid spot for a resident who has paid privately for 2 years (24 consecutive months) and has exhausted funds requiring one to transfer to a Medicaid spot. This spot is available according to move in date.</b>
ADDITIONAL COMMENTS REGARDING MEDICAID
<b>Activities</b>
The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).
The home provides the following: <b>Gardening, Music and Art Therapy, crafts, board and card games, BINGO, coloring, Senior Stretching, outdoor walks(weather permitting) movies &amp; popcorn, outside covered patio, BBQ's, housekeeping activities, holiday/special occasion celebrations, manicures/pedicures</b>
ADDITIONAL COMMENTS REGARDING ACTIVITIES <b>We provide a variety of activities based on Residents' preferences and interest.</b>

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:  
 RCS – Attn: Disclosure of Services  
 PO Box 45600  
 Olympia, WA 98504-5600

